

**TOMPKINS CORTLAND FITNESS CENTER**

**Membership Application**

Last \_\_\_\_\_ First \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Student/ Member ID number: \_\_\_\_\_

Email \_\_\_\_\_ @ \_\_\_\_\_

**EMERGENCY CONTACT:**

Address \_\_\_\_\_

Name \_\_\_\_\_

City \_\_\_\_\_

Relationship \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Phone ( ) \_\_\_\_\_ - \_\_\_\_\_

Faculty/Staff \_\_\_ FSA (Staff) \_\_\_ Department \_\_\_\_\_ Office Ext \_\_\_\_\_

Student \_\_\_ Dependant \_\_\_ Alumni \_\_\_ Community \_\_\_ Dryden Fire \_\_\_

**Waiver/Release/Hold Harmless Agreement:**

I have been informed of, understand, and am aware the strength, flexibility, and aerobic exercise including the use of equipment, is a potentially hazardous activity. I also have been informed of, understand, and am aware that fitness activities involve a risk of injury, including death or serious disability, and that I am voluntarily participating in these activities. I hereby waive, and release and hold harmless Tompkins Cortland Community College, Inc., and the employees, agents, and trustees and director of each, from any act of negligence or failure to act that may result in an injury to me except gross negligence or intentional infliction of injury. I specifically acknowledge that I have read carefully and fully understand this agreement and that I make it freely. I also certifi(r)6.9)4 ( ai)6.206(e)2 (n) dt)-4.6 (2 2 e8r)-1f(e)

THERE ARE NO REFUNDS ON FITNESS CENTER MEMBRSHIPS

***IF UNDER THE AGE OF 18:***

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name (Parent/Guardian) Signature (Parent/Guardian) (Date)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone H ( ) \_\_\_\_\_ W ( ) \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Members S ignature Date

\_\_\_\_\_  
Coordinator's Signature

**FOR OFFICE USE ONLY:**

Date entered power campus \_\_\_\_/\_\_\_\_/\_\_\_\_ Date entered TC3 applications \_\_\_\_/\_\_\_\_/\_\_\_\_

## PHYSICAL ACTIVITY READINESS QUESTIONNAIRE (PAR-Q)

Many health benefits are associated with regular exercise, and the completion of the PAR-Q is a sensible first step to take if you are planning to increase the amount of physical exercise in your life.

The PAR-Q is designed to help identify the small number of adults for whom physical activity (in a non-rehabilitative and/or a non-special assisted facility) might be inappropriate for those individuals who seek medical advice concerning the type of physical activity best suited for them.

Common sense is your best guide for answering these few questions. Please read them carefully and YES or NO as they apply to you. If yes, please explain.

	<b>Questions</b>	<b>Yes</b>	<b>No</b>
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